DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: SENIOR RESIDENTIAL LIVING CENTER (0010551)

Address: 12030 W LYNX AVE, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 01/01/2005

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Compliance

Verified

Corrected

Survey ID: 0093954 End Date: 12/28/2004 Type: OTHER Purpose: SELF REPORT

Results: ENFORCEMENT ACTION **Statement of Deficiency:** #10009058

<u>Deficiencies Cited</u> <u>Subject Area</u>

13.05(2) CLIENT PROTECTION 83.11(3)(a) RESPONSIBILITIES

83.12(5)(a) SUPERVISION AND MONITORING

Survey ID: 0093682 End Date: 11/23/2004 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0092859 End Date: 07/02/2004 Type: INITIAL Purpose: SURVEY

Results: PROBATIONARY LICENSE ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 01/19/2005 SOD #10009058 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION COMPLY WITH REQUIREMENT PROVIDE TRAINING FORFEITURE---83.21(4)(p)

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PROGRAM SERVICES

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

Complaint History Date Complaint Received: 11/17/2004 Date Investigation Completed: 11/23/2004 Subject Area(s) Result SOD# **SUPERVISION** NOT SUBSTANTIATED **ADMINISTRATION** NOT SUBSTANTIATED Date Complaint Received: 11/16/2004 **Date Investigation Completed: 11/23/2004** Subject Area(s) Result SOD# LICENSED CAPACITY /CLASS OF LICENSE NOT SUBSTANTIATED **SUPERVISION** NOT SUBSTANTIATED Date Complaint Received: 11/15/2004 Date Investigation Completed: 11/19/2004 Subject Area(s) Result SOD#

NOT SUBSTANTIATED

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